

COVID-19 VISITOR SCREENING GUIDANCE FOR RESIDENTIAL OR FAMILY HOMES

Effective June 20, 2020, the option of visitation with loved ones will be available. This document seeks to provide guidance as to the screening that should take place prior to a visit taking place.

Families who come to visit the home are subject to a COVID-19 Risk Screening and may be refused access if they are deemed to be at-risk for COVID-19 based on the screening.

Likewise, prior to a visit in a family home setting, the screening procedures for all members of the household should take place.

The Visitor Screening Form is to be completed prior to the visit taking place. These can be faxed to _____ or scanned and emailed to _____

Any questions about this procedure should be directed to _____ at _____

Visitors admitted access will use appropriate Personal Protection Equipment in accordance with CDC guidance, if necessary and available.

Visitor Screening Form

Families and Guardians

This protocol will apply to all visitors entering the residential setting or visits by the individual to a loved one's home. *Updated 6/30/20*

Name of visitor or person being visited: _____ Date and Time of visit: _____

Address of visit: _____

Section 1

1. Have you or any household member traveled internationally or by cruise ship (domestic or international) within the past 14 days?
Yes No
2. Do you or any household member live in or have you traveled to a high exposure area?
Yes No
3. Have you or any household member been in close contact with a person that has **confirmed** COVID-19?
Yes No
4. Have you had or currently have any of the following symptoms within the last 10 days

Fever (Above 100.4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(specific to the last three days)
Cough	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Difficulty Breathing/Shortness of Breath	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Nausea/Vomiting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Muscle or body aches	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
New loss of taste or smell	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sore throat, congestion, or headache	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Diarrhea	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If you answer "Yes" to any question:

- **The visit should not take place.**

Section 2

If you answer "No" to all of the questions above, all who will be involved in the visit will proceed to have their temperature taken.

Current Temperature: _____

If any participant has a temperature that is 100.4 degrees or higher:

- **The visit should not take place.**

If your temperature is under 100.4 degrees without the use of fever reducing medication, please proceed with the visit. For visits into the residential home, guests are strongly encouraged to leave all unnecessary personal belonging in their car. Only bring in what you need and leave that item somewhere that is not on any high touch surface. Utilize the visitation checklist to confirm arrangements for the length of the visit, level of staff support and other arrangements.

To be completed and submitted to _____ prior to the visit taking place